

10/16/03

# PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10765038

## CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 18            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 18 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | 1/28/01                          |                                    |               |
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18                               | Minus 20                           | 0             |
| Independent   | 1                                | Minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   |                                  |                                    |               |
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18                               | Minus 20                           | 0             |
| Independent   | 1                                | Minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   |                                  |                                    |               |
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18                               | Minus 20                           | 0             |
| Independent   | 1                                | Minus 3                            | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X50=      |        | OR | X518=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     | 385    | OR | TOTAL     |        |

| RATE  | ADDITIONAL FEE | OR | RATE  | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| X50=  |                | OR | X518= |                |
| X43=  |                | OR | X86=  |                |
| +145= |                | OR | +290= |                |
| TOTAL |                | OR | TOTAL |                |

| RATE  | ADDITIONAL FEE | OR | RATE  | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| X50=  |                | OR | X518= |                |
| X43=  |                | OR | X86=  |                |
| +145= |                | OR | +290= |                |
| TOTAL |                | OR | TOTAL |                |

| RATE  | ADDITIONAL FEE | OR | RATE  | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| X50=  |                | OR | X518= |                |
| X43=  |                | OR | X86=  |                |
| +145= |                | OR | +290= |                |
| TOTAL |                | OR | TOTAL |                |

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NOV 14 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (Fax No.: 571-273-8300) on November 12, 2005. The communication includes 10 pages.

Signature of Sender:

Paul Vincent

Name of Sender:

PAUL VINCENT

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                  |                                 |                 |
|------------------|---------------------------------|-----------------|
| Applicant:       | HESTERMAN, Ebe                  | ) Examiner:     |
| Application No.: | 10/765,038                      | ) JOHNSON, J.J. |
| Filing Date:     | January 28, 2004                | ) Art Unit:     |
| For:             | DEVICE FOR PROCESSING PRINTED   | ) 1725          |
|                  | PACKAGING OR SIMILAR SUBSTRATES | )               |

Atty. Docket No.: 3962 0160

## TRANSMITTAL LETTER FOR AN AMENDMENT

MAIL STOP AMENDMENT  
Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

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NOV 15 2005

Transmitted herewith is an amendment in the above identified application. Please note the following crossed items:

(X) No additional fee is required.

( ) The fee has been calculated as shown below:

S.N. 10/765,038 filed January 28, 2004 Atty. Docket: 3962 0160US  
HESTERMAN, Ebe

### CLAIMS AS AMENDED

|  | Claims<br>Remaining<br>After<br>Amendment |   | Highest<br>Number<br>Previously<br>Paid For | Present<br>Number<br>Extra | Rate  | FEE |
|--|---|---|---|----------------------------|-------|-----|
| Total claims                                       | 18  | - | 20  | X                          | x\$50 | 0   |
| Independent claims                                 | 1   | - | 3   | X                          | \$200 | 0   |
| Multiple dependent<br>claim added                  |   |   |   |                            | \$360 | 0   |
|  |   |   |   | TOTAL\$ 0                  |       |     |
| ( ) If small entity, then divide total<br>fee by 2 |   |   |   | SMALL ENTITY<br>TOTAL \$ 0 |       |     |

- (X) Please charge Deposit Account Number 50-1030 in the amount of \$ 130 for the Terminal Disclaimer.
- (X) The Commissioner is hereby authorized to charge payment of fees associated with this communication or credit any overpayment to Deposit Account Number 50-1030.
- (X) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for additional extension of time.

Respectfully submitted,

*Paul Vincent*

Dr. Paul Vincent  
Reg. No. 37,461

*November 12, 2005*

Date

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